PTO/SB/06 (09-03)
Approved for use through 7/31/2008, QR/B 0851-8032
U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless B disclays a write CARB control in the collection of information unless B disclays a write CARB control in the collection of information unless B disclays a write CARB control in the collection of information unless B disclays a write CARB control in the collection of information unless B disclays a write CARB control in the collection of information unless B disclays a write CARB control in the collection of information unless B disclays B di

Under the Paperwork Reduction Act of 1895, no persons are regarded to respond to a collection of information untersail displays a very Clear Control information untersail dis									
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									
•							OTHER THAN		
CLAIMS AS FILED — PART I (Column 1) (Column 2)			SMALL E	YTITK	OR .	SMALL	ENTITY		
FOR NAMER FILED NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE 34				•	OR	Pusio	P/70.W		
(37 CFR 1.18(a)) TOTAL CLAIMS 39 minus 20 •		**	•	OR	. 22.	418			
MORPENDENT CLAMS				OR	.80.	560			
(27 GFR 1.16(b)) / / minus 3 = ' /			×5			2	<u> </u>		
MAATIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0))				**		OR	madel	11 000	
* If the difference in column 1 is less than zero, enter "O" in column 2.				TOTAL	<u> </u>	OR	тотя	148	
, , CLAIMS AS AMENDED - PART II									
7 29 (5 (Column 1) (Column 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY		
<	CLAIMS REMAINING AFTER	HIGHEST MUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADOI- TIQHAL	
\ \S	MENDMENT	PAID FOR			FEE	ł		TEE.	
Total (promunity or craculating)	27 Mary	3/		×	ļ	OR	×3		
Til by cast risetti	In Minu	" 10		X 8		OR	X 4		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 OFR 1.18(4))				13		OR	+5=		
				TOTAL -		OR	TOTAL ADO'L FEE	A	
	ADDETEL		1						
			1						
	CLAIMS REMAINING AFTER	HOGHEST MARIBER PREVIOUSLY	PRESENT EXTRA	RATE	ADOI- TIONAL		RATE	ADDI- TIQNAL	
18/	MENDMENT	PAID FOR	•	ļ	FEE	-	 	PEE .	
C CLOSS FRESTO	27 Minu	199		X3	 	OR .	ו		
Total grant supplement of properties of prop	Mino	10		X &	<u> </u>	OR	X 5		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.1860)				+14		OR.	+1 ==		
				TOTAL ADOL FEE	T ·	OR	ADD'L FEE	B	
04/04/07 (Column 2) (Column 3)									
3 1	CLAIMS	HIGHEST	PRESENT	RATE	ADOI-		RATE	ADDI	
	REMAINING AFTER	PREVIOUSLY PAID FOR	EXTRA		TIONAL .	1		TIONAL ·	
Yold	AMENDMENT MENU		-	×	1	OR	×		
Total grown united	(a) Minu	1-10	1.	× 8 8		OR	x 4		
A FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (27 CFR 1.18(0))				1		OR	+1		
THE PROPERTY OF THE PROPERTY O				TOTAL ADDL FEE	1	OR OR	TOTAL ADD1 FEE	10	
and the control of the local than the control or others 2 write 'U' in column 3.									
of the Highest Number Previously Paid For IN THIS SPACE is the streng V, think of the streng V, the									
If the "Highest Number Previously Pade For" (Total or Independent) is the highest number found in the appropriate box in otherm 1. The "Highest Number Previously Pade For" (Total or Independent) is the highest number found in the appropriate box in otherm 1.									

The Trighest Number Previously Paid Fof (Total or Independent) is the highest number bound in the appropriate box in octum 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tito (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to table 12 minutes to complete, including gathering, preparing, and summitting the completed application form to the USPTO. Time will very depending upon the included case. Any comments in the amount of time you require to complete the form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient on the amount of time you require to complete the form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.